SCJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99) 2. PERSON REPRESENTED VOUCHER NUMBER 1. CIR./DIST./ DIV. CODE CAROL KOUNITZ 6. OTHER DKT. NUMBER 3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 5. APPEALS DKT/DEF. NUMBER 12-2574-6 (DEA) TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE IN CASE/MATTER OF (Case Name) PAYMENT CATEGORY Felony Petty Offense Adult Defendant □ Appellant (See Instructions) USA V. GIORGIANNI, et al., Juvenile Defendant Misdemeanor Other ☐ Appellee CC Appeal Other 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846 - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE 1 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), COURT ORDER AND MAILING ADDRESS C Co-Counsel O) Appointing Counsel Subs For Federal Defender R Subs For Retained Attorney John M. Holliday, Esq. P Subs For Panel Attorney Y Standby Counsel 2273 Route 33, Suite 207 Trenton, NJ 08690 Prior Attorney's Name: Appointment Dates: Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not 609-587-1010 Telephone Number: wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR I NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) SOther (See Instructions), Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time ☐ YES appointment. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY MATH/TECH. MATH/TECH. TOTAL ADDITIONAL HOURS AMOUNT ADJUSTED ADJUSTED CATEGORIES (Attach itemization of services with dates) REVIEW CLAIMED CLAIMED HOURS AMOUNT a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ TOTALS: a. Interviews and Conferences b. Obtaining and reviewing records 5 c. Legal research and brief writing Investigative and other work (Specify on additional sheets) (RATE PER HOUR = S TOTALS: Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 21. CASE DISPOSITION 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 22. CLAIM STATUS ☐ Final Payment □ Supplemental Payment ☐ Interim Payment Number □ YES □ NO If yes, were you paid? 

YES □ NO Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? 

YES □ NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney COURT USE ONLY APPROVED FOR PAYMENT 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT, APPR/CERT. 28a. JUDGE/MAG. JUDGE CODE 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved 34a. JUDGE CODE in excess of the statutory threshold amount.